

Health Care Provider		Patient Name: (Last) (First) (Middle Initial)			
Street		Patient ID	DOB	Sex	Race
City	Zip Code	Medicaid/Private Insurance		ICD9/Diagnosis	Date Collected
WA					

**SEROLOGY**

☐ **HIV-1 ANTIBODY** (includes WB when EIA is positive)

Exposures since 1978 (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Sex with male         | Sexual relations with:                            |
| <input type="checkbox"/> Sex with female       | <input type="checkbox"/> Person with HIV/AIDS     |
| <input type="checkbox"/> Injection drug user   | <input type="checkbox"/> Homosexual/Bisexual male |
| <input type="checkbox"/> Sex for money/drugs   | <input type="checkbox"/> Injection drug user      |
| <input type="checkbox"/> Other (specify) _____ |   |
| <input type="checkbox"/> None of the above     |   |

During the past 12 months: Tested previously?

- |   |  |
|---|--|
| <input type="checkbox"/> Reportable STD         | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <input type="checkbox"/> 4 or more sex partners | Result: _____  |

Consent for less sensitive EIA:

- ☐ Consented ☐ Refused ☐ Not asked

**SYPHILIS**

Specify: ☐ Screening ☐ Prenatal ☐ Confirmation

- ☐ RPR (includes VDRL/TP-PA when RPR is positive)
- ☐ VDRL (Serum)
- ☐ VDRL (Spinal fluid)
- ☐ TP-PA
- ☐ FTA-ABS

**HEPATITIS**

- |  |  |
|--|--|
| <input type="checkbox"/> Hepatitis A Antibody, IgM   | <b>Perinatal Hepatitis B</b>               |
| <input type="checkbox"/> Hepatitis A Antibody  | <input type="checkbox"/> Prenatal          |
| <input type="checkbox"/> Hepatitis B Surface Antigen   | <input type="checkbox"/> Infant follow-up  |
| <input type="checkbox"/> Hepatitis B Surface Antibody  | <input type="checkbox"/> Household contact |
| <input type="checkbox"/> Hepatitis B Core Antibody, IgM                                      | <input type="checkbox"/> Sexual contact    |
| <input type="checkbox"/> Hepatitis B Core Antibody   |  |
| <input type="checkbox"/> Hepatitis C Antibody  |  |
| <input type="checkbox"/> Acute Hepatitis Panel (IgM Anti-HAV, HBsAg, IgM Anti-HBc, Anti-HCV) |  |

**Reason for testing:**

- ☐ Screening/Immune status
- ☐ Acute Hepatitis
- ☐ Chronic Hepatitis
- ☐ Other \_\_\_\_\_

**Risk factors:**

- ☐ Injection drug use
- ☐ Homosexual Activity
- ☐ Multiple sex partners
- ☐ Other \_\_\_\_\_

**OTHER**

- |   |  |
|---|--|
| <input type="checkbox"/> Herpes Simplex Type 1 Antibody | <input type="checkbox"/> Mumps Antibody            |
| <input type="checkbox"/> Herpes Simplex Type 2 Antibody | <input type="checkbox"/> Rubella Antibody          |
| <input type="checkbox"/> Measles Antibody               | <input type="checkbox"/> Varicella-Zoster Antibody |

**BACTERIOLOGY**

☐ **GONORRHEA CULTURE** (Modified Thayer-Martin medium)

- Source: ☐ cervix ☐ urethra
- ☐ rectum ☐ throat
- ☐ other \_\_\_\_\_

☐ **GONORRHEA LCR** (Sterile container, LCx STD swab)

- Source: ☐ urine ☐ cervix ☐ urethra

☐ **CHLAMYDIA LCR** (Sterile container, LCx STD swab)

- Source: ☐ urine ☐ cervix ☐ urethra

☐ **ACID FAST BACILLUS CULTURE WITH SMEAR** (Sterile container)

- Source: ☐ sputum ☐ other \_\_\_\_\_

☐ **GROUP A STREP CULTURE** (Culturette)

- Source: ☐ throat ☐ other \_\_\_\_\_

☐ **GROUP B STREP CULTURE** (Culturette)

- Source: ☐ vagina/rectum ☐ other \_\_\_\_\_

☐ **STOOL CULTURE** (Enteric pathogen transport vial)

- Specify: ☐ bloody ☐ liquid ☐ formed

☐ **PERTUSSIS CULTURE WITH SMEAR** (Regan-Lowe transport medium)

- Source: ☐ nasopharynx ☐ other \_\_\_\_\_

☐ **REFERENCE CULTURE** \_\_\_\_\_

- Source: \_\_\_\_\_

☐ **OTHER** \_\_\_\_\_

- Source: \_\_\_\_\_

**PARASITOLOGY**

Specify: ☐ bloody stool ☐ liquid stool ☐ formed stool

☐ **OVA AND PARASITES** (Formalin vial)

☐ **CRYPTOSPORIDIUM** (Formalin vial)

☐ **PINWORM** (Adhesive paddle)

☐ **OTHER** \_\_\_\_\_

**VIROLOGY**

☐ **HERPES SIMPLEX VIRUS CULTURE** (Viral transport medium)

- Source: ☐ genital lesion ☐ other \_\_\_\_\_

☐ **VIRUS CULTURE** (Viral transport medium)

- Source: ☐ throat ☐ other \_\_\_\_\_

☐ **INFLUENZA VIRUS ANTIGEN**

☐ **RESPIRATORY SYNCYTIAL VIRUS ANTIGEN**

REMARKS



DATE RECEIVED